

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|                        |   |                   |              |
|------------------------|---|-------------------|--------------|
| In re Application of.: | § |                   |              |
|                        | § |                   |              |
| Daphne ATLAS et al     | § |                   |              |
| Serial No.:            | § | Confirmation No.: | 9326         |
|                        | § |                   |              |
| Filed:                 | § | Group Art Unit:   | 1614         |
|                        | § |                   |              |
| For:                   | § |                   |              |
| TREATMENT OF MULTIPLE  | § |                   |              |
| SCLEROSIS WITH BRAIN   | § |                   |              |
| TARGETED ANTI-OXIDANT  | § |                   |              |
| COMPOUNDS              | § |                   |              |
|                        | § | Attorney Docket:  | <b>29287</b> |
|                        | § |                   |              |
| Examiner:              | § |                   |              |
| FINN Meghan R.         | § |                   |              |

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**PETITION AND FEE FOR EXTENSION OF TIME UNDER 37 C.F.R. §1.136(a)**

Sir:

- (1) This is a petition for an extension of time to respond to the Office Action mailed **August 28, 2009**, for a period of **three (3) months**.
- (2) Applicant is a:  
  X   small entity      \_\_\_ verified statement attached  
                                 \_\_\_ verified statement filed
- |   |                     |                     |
|---|---------------------|---------------------|
| (3) Extensions  | Fees for            | Fee for other than  |
| <u>(months)</u>   | <u>small entity</u> | <u>small entity</u> |
| <input type="checkbox"/> one month                      | \$ 65.00            | \$ 130.00           |
| <input type="checkbox"/> two months                     | \$ 245.00           | \$ 490.00           |
| <input checked="" type="checkbox"/> <b>three months</b> | <b>\$ 555.00</b>    | \$1,110.00          |
| <input type="checkbox"/> four months                    | \$ 865.00           | \$1,730.00          |
| <input type="checkbox"/> five months                    | \$1,175.00          | \$2,350.00          |
- (4) An amendment   X   is filed herewith  
                                 \_\_\_ has been filed
- (5) Please charge the extension fee and any other amount required to Deposit Account No. **50-1407**.

Respectfully submitted,

**/Jason H. Rosenblum/**

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Date: March 1, 2010